PTO/SB/06 (08-03)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Approved for use through 7/31/2005, OMB 0651-003 2 U.S. Palent and Trademark Office, U.S. DEPARTMENT OF COMMERCE PATENT APPLICATION FEE DETERMINATION RECORD Application or Oochel Number 9-897988 Substitute for Form PTO-875 CLAIMS AS FILED - PART I (Column 1) OTHER THAN (Cotumn 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED BASIC FEE (37 CFR 1.16(a)) NUMBER EXTRA RATE FEE RATE FEE TOTAL CLAIMS (37 CFR 1.16(c)) QR minus 20 a INDEPENDENT CLAIMS (37 CFR 1.16(b)) OR mnus 3 z MULTIPLE DEPENDENT CLAIM PRESENT OR (37 CFR 1 16(d)) ' if the difference in column 1 is less than zero, enter "O" in column 2 OR TOTAL OR TOTAL CLAIMS AS AMENDED - PART II (Cotumn 1) (Column 2) (Column 3) OTHER THAN OR SMALL ENTITY CLAIMS HIGHEST SMALL ENTITY REMAINING NUMBER PRESENT AFTER PREVIOUSLY RATE ADO: EXTRA RATE AMENDMENT ADDI. PAID FOR TIONAL 7 Totat TIONAL (37 CFR 1,16(e)) FEE x : 25 : Independent (3/ CFR 1,16(b)) W x 150= Minus OR x 1/00 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 18(0)) x s 200 = OR + s/BO= OR +5360= TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING ENT NUABER AFTER AMENDMENT PRESENT RATE PREVIOUSLY ADDI-RATE PAID FOR TIONAL ADDI-Total (3) OFR 1.16(cf) TIONAL Minus 0 20 FEE x s Z5 = Minus OR × s<u>50</u> = 0 ₹ x \$ [00]= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 18(d)) x s 200= OR + . 1BO= OR TOTAL 5-11/66 TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT AFTER RATE PREVIOUSLY ADDI-AMENDMENT EXTRA RATE PAID FOR TIONAL IENDM Total (37 CFR 1.16(c) TIONAL Minus FEE FEE x 125 = Minus x : 50 . OR Ό 7 x s/00= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) x : 200 OR +:/80= OR TOTAL

ADD'L FEE OR ADD'L FEE

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Trigglest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the Including gathering, preparing, and submitting the completed application form to the USPTO Time will vary depending upon the individual case Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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